

Office of Administrative Hearings
300 Capitol Street, 10th Floor
Charleston, West Virginia 25301
(304) 356-2233 • Fax (304) 558-1316

OAH USE ONLY
OAH FILE # _____

WRITTEN OBJECTION AND HEARING REQUEST FORM
READ THIS FORM CAREFULLY

If you dispute an order of revocation/disqualification from the West Virginia Division of Motor Vehicles (DMV), **COMPLETE THIS FORM IN ITS ENTIRETY submit to the OFFICE OF ADMINISTRATIVE HEARINGS** in person or by register/certified mail, return receipt requested, to OAH Hearing Request, 300 Capitol Street, 10th Floor, Charleston, West Virginia, 25301. You may also submit your documents via e-mail to DOT.OAH@WV.GOV or by fax to 304-558-1316. A successful transmittal sheet is necessary for proof of submission of these documents in the case of filing by fax. Please retain a copy of the sent email for proof of submission of these documents in the case of filing by e-mail. **Premature or late written objections may not be considered.** If you dispute an order revoking or suspending your driver's license for a **DUI related** offense as outlined in **W. Va. Code §17C-5A-2**, this form **MUST BE FILED WITH THE OAH WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE YOU RECEIVED THE DMV ORDER YOU ARE CONTESTING**. If you dispute an order revoking or suspending your driver's license for a **non-DUI related** offense this form **MUST BE FILED WITH THE OAH WITHIN TEN (10) CALENDAR DAYS FROM THE DATE YOU RECEIVED THE DMV ORDER YOU ARE CONTESTING**. Upon receipt of an objection, the OAH will notify the Commissioner of the DMV who will then, *if applicable*, stay the imposition of the period of revocation or suspension. **IF YOU HAVE QUESTIONS REGARDING THIS FORM, CONTACT THE OAH AT (304) 356-2233.**

Name: _____ Date of Birth: _____

Date of Arrest/Stop: _____ Date of Order You Are Appealing: _____

DMV File Number: _____ Date You Received Order of Revocation: _____

PLEASE NOTE YOU MUST LIST THE COMPLETE FILE NUMBER AS LISTED ON THE ORDERS OF REVOCATION. ALL DMV REVOCATION ORDERS CONTAIN A LETTER OF THE ALPHABET. IF THE DMV REVOKES FOR MORE THAN ONE REASON ARISING FROM THE SAME INCIDENT DATE, SEPARATE ORDERS MAY ISSUE WITH SEPARATE LETTERS OF THE ALPHABET FOR EACH REASON. FAILURE TO LIST ANY LETTERS MAY BE DEEMED A WAIVER OF YOUR RIGHT TO APPEAL ANY ALLEGATIONS ASSOCIATED WITH THE UNLISTED LETTERS.

Your Mailing Address: _____

Driver's License No: _____ County of Arrest _____

☐ Check here if you require handicap accommodations.

☐ Check here if you were NOT arrested.

Your E-Mail Address: _____ Daytime Phone No.: _____

If any of your contact information changes, it is YOUR responsibility to notify the OAH and the WV DMV. PLEASE NOTE, BY PROVIDING YOUR EMAIL ADDRESS YOU CONSENT TO THE OAH CONTACTING YOU VIA EMAIL.

Attorney's Name: _____ Attorney's Phone No.: _____

☐ Check here if you are NOT represented by an attorney.

Attorney's Address: _____

Attorney's E-Mail Address: _____ Attorney's Bar No: _____

☐ I wish to challenge all orders of suspension and/or revocation related to the incident date listed above.

☐ I wish to challenge the results of the secondary chemical test of the blood, breath or urine.**

☐ I wish to challenge the sobriety checkpoint.**

☐ I wish to challenge the allegation that I refused to submit to the designated secondary chemical test.

☐ I wish to challenge _____

**** Selection of this option shall constitute notice to the Commissioner of the DMV of your intent to challenge as required by 105CSR§10.2.a.**

I affirm that the above information is true and correct: _____
(Your Signature or Signature of Your Attorney)